

LES 01 EA

Instructions and Supporting Materials

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Introduction

DEP *Permit Applications*, as well as *Instructions & Support Materials*, are available for download from the DEP Web site at mass.gov/dep in two file formats: Microsoft Word and Adobe Acrobat PDF . Either format allows documents to be printed.

Instructions & Support Materials files in Microsoft Word☐ format contain a series of documents that provide guidance on how to prepare a permit application. Although we recommend that you print out the entire package, you may choose to print specific documents by selecting the appropriate page numbers for printing.

Permit Applications in Microsoft Word format must be downloaded separately. Users with Microsoft Word 97 or later may complete these forms electronically.

Permitting packages in Adobe Acrobat PDF format combine *Permit Applications* and *Instructions & Support Materials* in a single document. Adobe Acrobat PDF files may only be viewed and printed without alteration. *Permit Applications* in this format may not be completed electronically.

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s the purpose of this permit?

Certification and operation of environmental analysis laboratories is authorized pursuant to MGL c. 21, s.27, c. 21A, s. 2(28), c 21C, s. 4, c. 21E, s. 3, c. 111 § 142A-142E, 150A, 160 and 310 CMR 42.00.

These regulations establish a program for Department certification of laboratories to conduct analytical measurements for purposes of determining compliance with Department standards where the Department requires that such measurements be conducted by a certified laboratory.

A program for the certification of laboratories conducting analytical measurements of drinking water is necessary for Massachusetts to meet the requirements of primary enforcement responsibility under the Safe Drinking Water Act and the National Primary Drinking Water Regulations. Massachusetts also certifies laboratories analyzing non-potable water. The Laboratory Certification Program identifies laboratories capable of consistently producing valid data (although certification does not guarantee the validity of the data).

2. Who must apply for this permit?

Any person (private corporation, individual, partnership or association, or other entity) who intends on conducting analytical measurements for the purposes of determining compliance with Department standards where the Department requires such measurements be conducted by a certified laboratory.

- 3. What other requirements should be considered when applying for this permit?
- a. What prerequisites should be considered before applying for this permit? None
- b. What additional technical information must be provided to apply for this permit?
 - 1. Results of Proficiency Tests (PTs) performed by the laboratory must be submitted by the laboratory's PT Provider in accordance with the current Wall Experiment Station PT Policy.
 - 2. Laboratory Quality Assurance Plan.
 - 3. A laboratory located out-of-state seeking certification under 310 CMR 42.16 must submit a copy of the certificate and certified parameter list issued by its resident state or the USEPA and a copy of the on-site inspection report written by the certifying authority of the laboratory's resident state or the USEPA

4. How should one apply for the permit?

To apply for any permit covered by 310 CMR 4.00, DEP's Timely Action and Fee Provisions, an applicant must complete, sign and submit:

- A) a DEP Transmittal Form for Permit Application and Payment, and
- B) a DEP application form for the appropriate permit category.

The Transmittal form is a unique numbered form which must be submitted with each application package. Transmittal Form must be submitted as follows:

- 1) One copy accompanies the permit application sent to the DEP Primary Permitting Location indicated below.
- 2) One copy accompanies payment to the DEP Post Office Box as indicated in Question 6 below.
- 3) One copy for the applicant's records
- 4) One copy accompanies any additional copies of the permit which is sent as required when a reserve permit location is indicated below.

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All additional information, as defined in Question 3b above and identified in the Application Completeness checklist included in this application package, must be submitted with the WHITE copy of the transmittal form for the application to be processed properly.

PRIMARY PERMIT LOCATION

Director, Laboratory Approval Program
Massachusetts Department of Environmental Protection
Wall Experiment Station
37 Shattuck Street
Lawrence, MA 01843

5. What is the fee for this permit?

An application charge of \$230.00¹ must be submitted at the time of application.

6. How and when do I pay?

Payment should be made <u>only</u> by check payable to the: **Commonwealth of Massachusetts**. One copy of the transmittal form must accompany the check and be forwarded to the following address:

Massachusetts Department of Environmental Protection P.O. Box 4062 Boston, MA 02211

Pursuant to 310 CMR 4.02 the following entities are exempt from these fees; any city, town, county, or district of the Commonwealth or any municipal housing authority. Applications for permits made by another state agency which cost \$100 or less are exempt from payment.

7. When will I get the permit?

If your application is administratively complete when first submitted, and if the information you provide is technically sufficient, DEP must provide a decision on the permit by the end of the timelines for the administrative review, the technical review and inspection review. DEP must refund the fee if it cannot issue its decision within the required time period.

It is in the best interest of the applicant to submit a complete, thorough and accurate application. If the application has administrative deficiencies or technical deficiencies, a second review period will be required for each, thereby extending the timeframe for a final decision on the permit application. Further information on timelines is presented in questions 8, 9 and 10.

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¹ When an out-of-state inspection of a laboratory is necessary, applicants shall be charged for on-site inspection where costs are reasonably expected to exceed \$100, including costs of travel, meals and lodging at the rate established for state employees as determined by the Department.

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8. When does the timeline begin?

The timeline begins on the day following the receipt of the application and payment. The schedule for timely action will be suspended if there is a failure of payment for any reason following the recording date. DEP will inform you of the timelines and the name and telephone number of the individual handling the application.

9. What are the timelines for permit review?

Schedules for timely action vary for each permit, but all will include some combination of the following review periods:

<u>Administrative Completeness Review (AC)</u> - to determine whether all required elements of the application have been provided by the applicant. The Department may request additional information during the review. An initial administrative completeness review will result in:

- · a determination of administrative completeness, or
- a statement of administrative deficiencies

If necessary, a second administrative completeness review will be conducted. After the applicant responds to the statement of deficiencies, the second AC review period will be the same number of days allowed in the first AC review period. The result of the second review will be:

- · a determination of administrative completeness, or
- a denial of the permit application

<u>Technical Review (T1)</u> - to review the merits of the permit application and supporting materials. More information may be requested without stopping the clock during a technical review. The result of an initial technical review is:

- a decision to grant or deny the permit, or
- a statement identifying technical or other substantive deficiencies in the application process.
- a decision to conduct an on-site inspection of the laboratory

An applicant may decline to provide additional information in response to a statement of technical deficiency and obtain a decision by DEP based on the record at the time. If this option is chosen, there will be no supplemental technical review.

Note: A failure to respond to a statement of technical deficiency within the time allowed by the Department will result in a permit denial with no refund.

<u>Supplemental Technical Review (T2)</u> - to review the merits of the permit application and supporting materials as supplemented, modified, or amended as a result of a deficiency in T1. A supplemental technical review may be required if DEP would otherwise deny or substantially modify or restrict the certificate based on the available information. Additional information may be requested during the review, but the clock will not stop. A supplemental technical review will result in:

a decision to grant or deny the permit, or

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an on-site inspection

<u>On-Site Inspection and Post Inspection Review</u> - to conduct an on-site inspection of the facilities to determine whether the laboratory satisfies the Department's standards for certification. An on-site laboratory inspection and post inspection review will result in:

- a statement identifying deficiencies, if any, identified during the on-site or post inspection review, and
- a decision to grant or deny the permit

<u>Supplemental Inspection Review</u> - to review the merits of the on-site inspection and supporting materials as supplemented, modified, or amended. Additional information may be requested during the review, but the clock will not stop. A supplemental inspection review will result in:

a decision to grant or deny the permit

NOTE: A decision to grant or deny a permit following the inspection review period is subject to appeal.

The timelines for this permit are:

| AC | T1 | T2 | IR1 | IR2 |
|----|----|----|-----|-----|
| 45 | 60 | 60 | 100 | 100 |

10. What if DEP does not complete its work before the expiration of the timeline?

Generally, if the review of the application package is not completed according to the scheduled timelines, DEP will refund the fee to the party who paid the original fee. This does not determine that a permit will be denied or approved. Approval does not depend on adherence to the timelines by DEP, nor is a permit considered to be granted if the timelines are not met. This refund system is intended to demonstrate the good faith efforts of DEP to increase efficiency while continuing to protect the environment.

Be advised that the timelines may be affected by provisions in the regulations including but not limited to failure of payment, other agency actions and judicial and enforcement proceedings. Please refer to the regulations for more detail.

11. What if my application is withdrawn?

If an applicant withdraws an application before the beginning of the technical review, 50% of the fee will be refunded. if the applicant withdraws at any time after the technical review begins, none of the fee will be refunded.

12. What is the purpose of the annual compliance/assurance fee for this permit?

Compliance assurance fees are designed to provide adequate resources for enforcement, inspection and monitoring programs. These resources are essential to the improvement and effective maintenance of these programs. Without assured compliance, some members of the regulated community will continue to violate environmental laws and regulations, while honest members will be placed at a competitive disadvantage.

Generally, no annual compliance/assurance fee shall be assessed for a permit in the fiscal year in which the permit is issued. Please consult 310 CMR 4.03 of the fees regulations for further information.

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13. How much will I pay for the annual compliance/assurance fee?

Current annual compliance fees can be found on the DEP Website at www.mass.gov/dep/files/permits/fees.htm

14. How long is the permit in effect?

According to 310 CMR 42.09 (2), certificates shall be valid for one year unless earlier revoked in accordance with 310 CMR 42.12.

15. What can I do to avoid the most common mistakes made in applying for this permit?

- a. Make sure the application form is completed with all requested information especially with regard to personnel qualifications.
- b. Submit all requested materials including the laboratory quality assurance plan
- c. Keep all application materials up to date by notifying the Massachusetts DEP of any change in the application including any changes in personnel. Submit new Proficiency Test Study results as they become available. Laboratories located outside Massachusetts should provide copies of updated certificates and certified parameter lists issued by the laboratory's resident state or the USEPA

16. Where can I get copies of the regulations that apply to this permit?

These regulations include, but are not limited to:

- a. The Certification and Operation of Environmental Analysis Laboratories contained in 310 CMR 42.00.
- b. The Timely Action and Fee Provisions, 310 CMR 4.00.
- c. The Administrative Penalty Regulations, 310 CMR 5.00.

They may be purchased at:

State House Bookstore Room 116 Boston, MA 02133 617-727-2834 State House West Bookstore 436 Dwight Street Springfield, MA 01103 413-784-1376

LES 01 EA Application Completeness Checklist

| | An original DEP Transmittal Form for Permit Application and Payment is completed and attached. |
|----|--|
| | A DEP application form for the microbiology laboratory permit category (LES01EA) is properly filled out. |
| | Results of Proficiency Test studies must be submitted by the laboratory's PT Provider at the same time that study results are released to the laboratory. (See the current WES PT Policy). |
| | A copy of the Laboratory Quality Assurance Plan is submitted. |
| | For laboratories located out-of-state, a copy of the certificate and certified parameter list issued by its resident state or the USEPA must be submitted. |
| | For laboratories located out-of-state, a copy of the on-site inspection report written by the certifying authority of the laboratory's resident state or the USEPA must be submitted. |
| То | submit the application package: |
| | Checklist items above must be completed. |
| | Send a copy of the application package along with one copy of the DEP Transmittal Form to: |
| | Director, Laboratory Approval Program Massachusetts Department of Environmental Protection Wall Experiment Station 37 Shattuck Street Lawrence, MA 01843 |
| | Send one copy of the DEP Transmittal Form along with the fee payment (\$230.00) to: |
| | Massachusetts Department of Environmental Protection P.O. Box 4062 Boston, MA 02211 |



Addresses and Phone Numbers

DEP Boston One Winter Street Boston, MA 02108 Telephone: (617) 292-5500

Fax: (617) 556-1049 TDD: (617) 574-6868 William X. Wall Experiment Station 37 Shattuck Street

Lawrence, MA 01843 Fax: (978) 688-0352

Division of Environmental Analysis Telephone: (978) 682-5237 Air Quality Surveillance Telephone: (978) 975-1138

Office of Watershed Management 627 Main Street Worcester, MA 01608

Telephone: (508) 792-7470

Fax: (508) 839-3469

Millbury Training Center Route 20 Millbury, MA 01527 Telephone: (508) 368-5600 Fax: (508) 755-9253

Residuals Sludge Management Telephone: (508) 368-5606 WWT Operator Certification Telephone: (508) 368-5698

DEP Western Region 436 Dwight Street Suite 402

Springfield, MA 01103 Phone: (413) 784-1100 Fax: (413) 784-1149



Adams Agawam Alford Amherst Ashfield Becket Belchertown Bernardston Blandford Buckland Charlemont Cheshire Chester Chesterfield Chicopee

Clarksburg

Colrain Conway Cummington Dalton Deerfield Easthampton East Longmeadow Egremont Ervina Florida Gill Goshen

Granby Granville Great Barrington Greenfield Ludlow Middlefield Hadley

Hampden Hancock Hatfield Hawley Heath Hinsdale Holland Holyoke Huntington Lanesborough Lee Lenox Leverett Levden Longmeadow

Monson Mount Washington New Ashford New Marlborough New Salem North Adams Northampton Northfield Orange Otis Palmer Pelham Peru

Monroe

Montague

Monterey Montgomery

Pittsfield Plainfield Richmond Rowe Russell Sandisfield Savoy Sheffield Shelburne Shutesbury Southampton South Hadley Southwick Springfield Stockbridge Sunderland Tolland

Wales Ware Warwick Washington Wendell Westfield Westhampton West Springfield West Stockbridge Whately Wilbraham Williamsburg Williamstown Windsor Worthington

Tyringham

DEP Central Region 627 Main Street Worcester, MA 01608 Phone: (508) 792-7650 Fax: (508) 792-7621 TDD: (508) 767-2788



Acton Ashburnham Ashby Athol Auburn Ayer Barre Bellingham Berlin Blackstone Bolton Boxborough **Boviston** Brookfield

Charlton Clinton Douglas Dudley Dunstable East Brookfield Fitchburg Gardner Grafton Groton Harvard Hardwick Holden Hopedale

Hopkinton Hubbardston Hudson Holliston Lancaster Leicester Leominster Littleton Lunenburg Marlborough Maynard Medway Mendon Milford

Millbury Millville New Braintree Northborough Northbridge North Brookfield Oakham Oxford Paxton Pepperell Petersham Phillipston Princeton Royalston

Rutland Shirley Shrewsbury Southborough Southbridge Spencer Sterling Stow Sturbridge Sutton Templeton Townsend Tvnasborouah Upton

Uxbridge Warren Webster Westborough West Boylston West Brookfield Westford Westminster Winchendon Worcester

DEP Southeast Region 20 Riverside Drive Lakeville, MA 02347 Phone: (508) 946-2700 Fax: (508) 947-6557



Abington Acushnet Attleboro Avon Barnstable Berkley Bourne Brewster Bridgewater Brockton Carver Chatham Chilmark

Dartmouth Dennis Dighton Duxbury Eastham East Bridgewater Faston Edgartown Fairhaven Fall River Falmouth Foxborough Franklin

Freetown Gay Head Gosnold Halifax Hanover Hanson Harwich Kingston Lakeville Mansfield Marion Marshfield Mashpee

Mattapoisett Middleborough Nantucket New Bedford North Attleborough Norton Norwell Oak Bluffs Orleans Pembroke Plainville Plymouth Plympton

Provincetown Ravnham Rehoboth Rocheste Rockland Sandwich Scituate Seekonk Sharon Somerset Stoughton Swansea Taunton

Tisbury Truro Wareham Wellfleet West Bridgewater Westport West Tisbury Whitman Wrentham Yarmouth

DEP Northeast Region 1 Winter Street Boston, MA 02108 Phone: 617-654-6500



Amesbury Andover Arlington Ashland Bedford Beverly Billerica Boston **Boxford** Braintree Brookline Burlington Cambridge Canton

Carlisle

Chelsea Cohasset Concord Danvers Dedham Dover Dracut Essex Everett Framingham Georgetown Gloucester Hamilton Haverhil

Chelmsford

Hingham Holbrook Hull Ipswich Lawrence Lexington Lincoln Lowell Lynn Lynnfield Malden Manchester-By-The-Sea Marblehead

Medford

Melrose

Methuen Middleton Millis Milton Nahant Natick Needham Newbury Newburyport Newton Norfolk North Andover North Reading Norwood Peabody

Merrimac

Quincy Randolph Reading Revere Rockport Rowley Salem Salisbury Saugus Sherborn Somerville Stoneham Sudbury Swampscott Tewksbury Topsfield

Wakefield Walpole Waltham Watertown Wavland Wenham West Newbury Weston Westwood Weymouth Wilmington Winchester Winthrop Woburn



LES 01 EA

Application for Certification of Laboratory for Microbiological Analysis of Water

| Transmittal Number |
|--------------------------|
| Laboratory ID (if known) |
| Tax ID Number (FEIN) |

A. Laboratory Information

Please type or print in ink. Each question must be answered completely and truthfully. Please return application forms to:

Director, Laboratory Approval Program
Massachusetts Department of Environmental Protection
Wall Experiment Station
37 Shattuck St.
Lawrence, MA 01843

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





| Laboratory Name | | | | |
|---|------------------|---------------|--------------------|--------|
| Street Address | | | | |
| City/Town | State | | Zip Code | |
| Mailing address (if different from above) | | | | |
| City/Town | State | | Zip Code | |
| Telephone Number | FAX Number | er | | |
| E-Mail Address | Web Addres | SS | | |
| Type of Laboratory | | | | |
| Government Federal Local Private | Water Distric | t 🗆 | State | County |
| ☐ Academic | | | | |
| Name(s) of laboratory owner(s) - Please list all government entities. | owners including | private indiv | iduals, corporatio | ons or |
| | | | | |
| | | | | |
| Hours of Operation: | | | | |
| Monday Tuesday Wednesday From: | Thursday | Friday | Saturday | Sunday |
| To: | | | | |



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Application for Certification of Laboratory for Microbiological Analysis of Water

| Transmittal Number | |
|--------------------------|--|
| Laboratory ID (if known) | |
| Toy ID Number (FFIN) | |

| Name | | | | _ | |
|------------------------|----------------------|----------------------------------|-----------------------|--------------|--|
| Title | | | | _ | |
| | Laboratory | Director | | | |
| | Laboratory | Supervisor | | | |
| | Laboratory | Analyst | | | |
| | Other: | | | | |
| | | If Other, Please Specify | | | |
| Educatio | n | | | | |
| Academic | Institution | Major | Total Semester C | redit Hrs. | Degree, Diploma Certificate |
| | | | Chemistry | Microbiology | |
| | | | Chemistry | Microbiology | |
| | | | Chemistry | Microbiology | |
| Environn | nental Analysi | is Experience (begin wit | ch current position): | | |
| Name & A Lab or Ins | Address of stitution | Employed from (Mo/Yr) to (Mo/Yr) | Position Held | (Inorgar | Specialization/months nic, ICP, Organic try, etc.) |
| | | | _ | | |
| | | | | | |
| | | | _ | | |
| | | | _ | | |



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Application for Certification of Laboratory for Microbiological Analysis of Water

| Transmittal Number |
|--------------------------|
| Laboratory ID (if known) |
| Tax ID Number (FEIN) |

C. Laboratory Equipment

| Equipment | Manufacturer | Model |
|--|--------------|-------|
| pH Meter (accuracy to 0 ± 0.1 units) | | |
| Balances (Top loader or Pan-provided with weights of good quality) | | |
| Thermometers (Checked against certified thermometer) Incubators (Air, Waterbaths or Aluminum Block) $35^{\circ}\text{C} \pm 0.5^{\circ}\text{C}$ | | |
| 44.5°C ± 0.2°C | | |
| Autoclave | | |
| Hot Air Oven (Must maintain stable sterilization temp. 170°C for 2 hrs.) | | |
| Refrigerator | | |
| Optical/Counting/Lighting | | |
| binocular microscope | | |
| colony counter | | |
| Inoculation Equipment (Nichrome 3 mm loop, application sticks, pre- sterilized plastic or metal loops) | | |
| | | |
| Membrane Filtration Equipment (Units may be glass, stainless steel or plastic) | | |
| Membrane Filters and Pads (47 mm diameter 0.45 μm pore size. Must be sterile) | | |
| Laboratory glass, plasticware and metal | | |



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Application for Certification of Laboratory for Microbiological Analysis of Water

| Transmittal Number |
|--------------------------|
| Laboratory ID (if known) |
| Tax ID Number (FEIN) |

C. Laboratory Equipment (cont.)

| Equipment | Manufacturer | Model |
|--|--------------|-------|
| Ultraviolet Lamps | | |
| 254 nm | | - |
| 366 nm | | |
| Culture Dishes (Pyrex glass or disposable) | | |
| MF Plates | | |
| HPC | | |
| Culture Tubes (Borosilicate glass Caps must be autoclavable plastic or metal) | | |
| Measuring Equipment [1 mL, 5 mL, 10 mL pipets pyrex disposable glass or plastic. Graduates – 10 mL, 25 mL, 100 mL, | | |
| pyrex or plastic (autoclavable)] | | |
| Laboratory Reagent Water (must be available) | | |
| | | |
| Rinse and Dilution Water (must be prepared according to Standard | | |
| Methods) | | |
| Other | · | |



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Application for Certification of Laboratory for Microbiological Analysis of Water

| Transmittal Number |
|--------------------------|
| Laboratory ID (if known) |
| Tax ID Number (FEIN) |

D. Certification Categories and Methods

| Please | check categories for which you wish to be certified: | |
|---------------|---|---------------|
| | Total Coliform MF (SM9222B) Total Coliform Presence-Absence (SM9221D) Total Coliform MTF (SM9221B) Fecal Coliform EC (SM9221E) E. coli EC-MUG (SM9221F) E. coli NA-MUG (SM9222G) | |
| | Total Coliform Enzyme Substrate (SM9223) Colilert/Colisure E. coli Enzyme Substrate (SM9223) | |
| | Total Coliform (EPA1604) E. coli (EPA1604) Total Coliform (M-ColiBlue24) E. coli (M-ColiBlue-24) Total Coliform (E*Colite Test) E. coli (E*Colite Test) Total Coliform (Chromocult Coliform Agar Test) E. coli (Chromocult Coliform Agar Test) Total Coliform (Readycult Coliforms 100 P/A Test) E. coli (Readycult Coliforms 100 P/A Test) Total Coliform (Colitag Test) E. coli (Colitag Test) Fecal Coliform MF (SM9222D) Heterotrophic Plate Count (SM9215B) Heterotrophic Plate Count (SIMPLATE) | |
| | Initial Certificat | ion Fee \$230 |
| E. Certi | fication | |
| I certify the | above information is true and accurate to the best of my knowledge. | |
| Print Nam | ne e | |
| Authorize | d Signature | Date |
| Position/T | itle | |

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